

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

42126

10390

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 41 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gorham		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print)		a. (First) FRANCIS		b. (Middle) CARROLL		c. (Last) Clitenden	
4. DATE OF DEATH		(Month) 12		(Day) 5		(Year) 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 1-16-1896	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Ave 9	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME Unknown			
13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Katy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 702-16-2436		17. INFORMANT'S SIGNATURE OR NAME Adam Clitenden Murphy			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? H201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct. 24, 1950, to Dec. 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Robert A. Buckstep M.D.		(Degree or title)		23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 12-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-6-1950		24c. NAME OF CEMETERY OR CREMATORY Evergreen		24d. LOCATION (City, town, or county) (State) Gorham Illinois	
DATE RECD. BY LOCAL REG. DEC 6 1950		REGISTRAR'S SIGNATURE J. B. Pantes		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.			

(Licensed Embalmer's Statement on Reverse Side)

1504 Manchester Ave.

St. Louis 10, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jan 29 1981

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yahnke

Licensed Embalmer No.

3917

P. O. Address

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.